

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2013
FORM APPROVED
OMB NO. 0938-0391

45th 10/12/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2013
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage in all areas of the facility.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on August 26, 2013 at 11:27 a.m. revealed that the elevator pit does not have adequate sprinkler coverage. The elevator shaft is sprinklered approximately 10 feet to 15 feet above the elevator floor instead of the required 2 feet maximum height off of the elevator floor for hydraulic elevators.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on August 26, 2013.</p>	K 056	<p>K056</p> <ol style="list-style-type: none"> 1. The corrective action taken was the addition of a sprinkler head in both elevator wells as per NFPA code. 2. No other residents will be affected after work completion date. 3. Regular elevator inspections by vendor "Morristown Sprinkler", and existing maintenance staff, will assure future compliance. 4. Monitoring will take place through our (P.M) Preventative Maintenance program by the Environmental Service Director. 	08/29/13	08/29/13
K 077 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 077	see next page		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Douglas S. Ford

N.H.A.

9/5/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SEP 05 2013

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K 077	<p>Continued From page 1</p> <p>Piped in medical gas systems comply with NFPA 99, Chapter 4.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed install piped in medical gas systems and components properly.</p> <p>The findings include:</p> <p>Observation and record review on August 26, 2013 at 11:15 a.m. revealed that the vacuum lag pump is not wired into the master alarm and the oxygen storage room for the piped in medical gas system does not have the light switch at least 5 feet off of the floor.</p> <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on August 26, 2013.</p>	K 077	<p>K077</p> <ol style="list-style-type: none"> While the vacuum pump did have a remote alarm in place; it has now also been wired to the master alarm panel by vendor B.E.S.C.O Electric Co. The light switch has been removed and replaced with a motion sensor light. No other residents were found to be affected. Monitoring measures through the (P.M) Preventative Maintenance program will be put into place. Vendor "Medical Gas Management" will assist in inspection of medical gas system. Monitoring of any life safety systems will take place, and addressed, at our monthly Safety Committee meeting on the third Wednesday of each month. 	08/29/13	09/05/13
				08/27/13	09/5/13
				09/5/13	09/5/13 And On-Going

SEP 05 2013